

Murray City Parks & Recreation

JIGSAW PUZZLE

Saturday, February 10 Contest begins at 2:30pm

The Rules

*One person signs-up a full team
*Up to 6 players per team / 4 adults
*500 or 550 piece puzzle
*Can't use back of puzzle to solve
*Prizes for 1st-3rd place
*Team keeps the puzzle

Registration Link mcreg.com – special events 801–284–4200

\$20



Jigsaw Puzzle Competition





Address City Zip Phone Email Emergency Contact Does the Participant have any limitations? Y/N if yes, please describe: How did you hear about this program? Previous Participant Previous Participant Previous Participant Social Media Website Fiyer Poster Email Word of Mouth Previous Participant CONCUSSION POLICY As the parent or legal quardian of Cactivity Sport, lacknowledge that I have received a copy of, read, understand, and agree to abide by Murray City's Concussion and Head Injury Policy (the "Policy"). I hereby state that: I my child has not previously sustained a concussion or head injury; or my child has not previously sustained a concussion or head injury; or my child has previously sustained a concussion or head injury; and I have provided the City with an acceptable medical clearance. I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs, and fees from concussions or head injuries that arise when I have not complied with the Policy. Parent/Quardian Initials MURRAY CITY PARKS AND RECREATION RELEASE OF LIABILITY AND WAIVER OF CLAIMS - Read before signing in consideration of being allowed to participate in any way in Murray Aquetic Club and its related events and activities, I hereby acknowledge, appreciate, and agree that: The risks of injury and illness finculating, but not limited to, physical or psychological injury, communicable diseases (such as MRSA, influenza, COVID-19, etc.), pain, suffering, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death to participate in the Activity are singificant, and while particular rules, equipment, and may reduce these risks, the risks of serious injury and illness ficulting, but not limited to, their participation, southerers, speciators, souches, and Activity officials, and I assume full responsibility for my child's participation; and, I willingly agree to comply with the Activity; visues and conditions to participate. It, however, lobse	Participant's Name	DOB	//	Age	M/F		
Entergency Contact Does the Participant have any limitations? Y.N. If yes, please describe: How did you hear about this program? Murray Journal Social Media Website Fiyer Poster Email Word of Mouth Previous Participant CONCUSSION POLICY As the parent or legal guardian of (participant) (participant), who is participating in (activity/sorf), acknowledge that have received a copy of, read, understand, and agree to abide by Murray City's Concussion and Head Injury Policy (the "Policy"). I hereby state that: In my child has not previously sustained a concussion or head injury, or (my child has not previously sustained a concussion or head injury or (my child has not previously sustained a concussion or head injury or (my child has not previously sustained a concussion or head injury and have provided the City with an acceptable medical clearance. I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs, and fees from concussions or head injuries that arise when have not complied with the Policy. Parent/Guardian Initials MURRAY CITY PARKS AND RECREATION RELEASE OF LIABILITY AND WAIVER OF CLAIMS - Read before signing In consideration of being allowed to participate in any way in Murray Aquatic Club and its related events and activities, I hereby acknowledge, appreciate, and agree that: The risks of injury and liness (including, but not limited to, physical or psychological injury, communicable diseases (such as MRSA, influenz, COVID-19, etc.), pain, suffering, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death of participation in the Activity are singlificant, and while participate in the Activity are singlificant, and while participate in the Activity is rules and conditions to participate. If, however, lobserve any unusual or significant hazard during my presence or participation in the Activity, will remove myself from the Activity, and participate in the Activity and in the new proposability	Address		City				Zip
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Refunds must be requested in written form. As per Murray City Parks and Recreation policy & procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. Refunds requested after the first day of the program shall be at the Recreation Coordinator or Recreation Director's discretion. Parent/Guardian Initials	appreciate, and agree that: The ri (such as MRSA, influenza, COVID- emotional loss, and death) of part these risks, the risks of serious inj EVEN IF ARISING FROM THE NEG officials, and I assume full respons participate. If, however, I observe Activity and bring such attention and next of kin, HEREBY RELEAS and agents (hereinafter collective damage to person or property, an I understand that the City shall ha harmed while participating in the financially responsible for any cos	sks of injury and illness (includir 19, etc.), pain, suffering, disfigur icipating in the Activity are signi ury and illness do exist; and I KN ELIGENCE of others, including, b sibility for my child's participatio any unusual or significant hazar of the nearest official immediate E AND HOLD HARMLESS Murray ly referred to as the "City"), WIT d from any and all liabilities incid eve no responsibility to pay for all Activity and, in the event that I see	ng, but not limited rement, temporar ificant, and while IOWINGLY AND fut not limited to, on; and, I willingly d during my presely; and, I for mys y City Corporatio IH RESPECT TO Adent to my partice my medical treatments and require mestigates.	d to, physical y or permane particular ru FREELY ASSU other particular agree to comence or partielf, and on be n, its employed NY AND ALL ipation in the ment and relations.	or psychologent disability les, equipmen JME ALL SUC pants, volunt apply with the cipation in the chalf of my hees, officers, INJURY, ILL Activity, to the costs if I	ical injury, of (including pot, and person the RISKS, becars, spectal Activity's rule Activity, lairs, assigns, directors, von NESS, DISA he fullest expectors injured.	communicable diseases aralysis), economic or onal discipline may reduce oth known and unknown, stors, coaches, and Activity sles and conditions to will remove myself from the personal representatives olunteers, elected officials, BILITY, DEATH, or loss or stent permitted by law.
 Opt In: I hereby grant permission to Murray City to use my child's photograph, video image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation. Parent/Guardian Initials:	Refunds must be requested in wri withhold 25% of the refund (prog	ram registration fee) for adminis	strative costs. Re	funds reques			
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OFFICE USE ONLY PAID: _

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